

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512027

A 41988

DISTRICT \_\_\_\_\_

DATE 7/26/99

DATE SYSTEM APPROVED 9/10/99

INSPECTOR (BB)

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

# INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 410-795-5674

SUBDIVISION Choi Property LOT 25 ROAD 3300 Danmark Drive

PROPERTY OWNER Ron and Nancy Nicola

ADDRESS \_\_\_\_\_

TOP SEAMED TANK  
SEPTIC TANK CAPACITY 1250 GALLONS

INSTALL: 1-1250 GALLON TOP SEAMED PUMP CHAMBER.

NUMBER OF BEDROOMS 4  
210 SQUARE FEET PER BEDROOM

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit  
- Pump performance test is necessary prior to Health department approval of pumped septic system.

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 70 feet off the left lot line and 110 feet off the rear lot line as seen when facing the lot from Danmark Drive. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 5/21/99 OK AU

PLANS APPROVED BY Donna K. Soe/Mark E. Rifkin DATE 5-13-1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 25/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

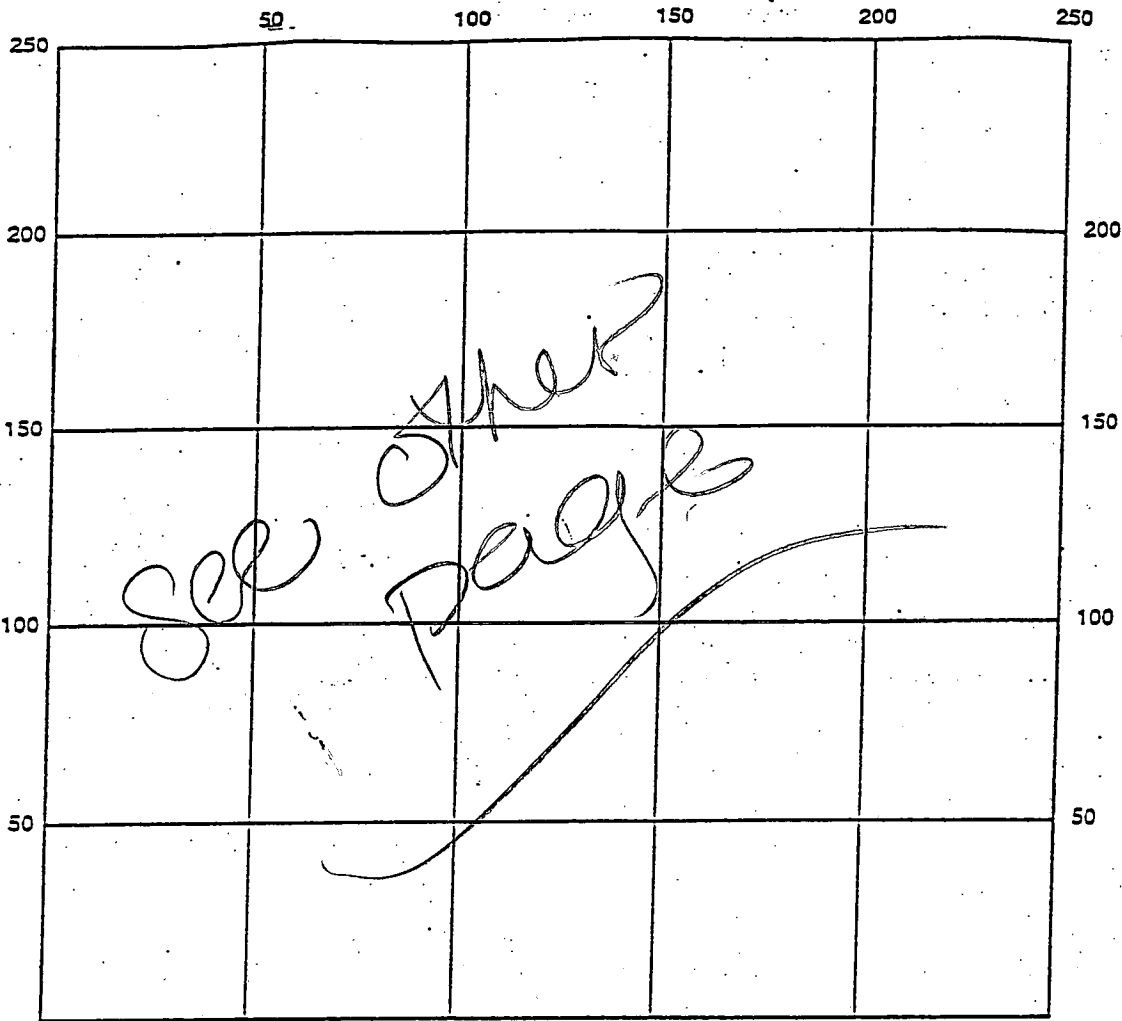
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

*WPE 8/11/99 (No form)  
8/23/99  
called in to look on file  
called in 12/1/95  
called in after work/available*

5/21/99



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL \_\_\_\_\_ CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX LEVEL \_\_\_\_\_

DRAIN FIELD/TITLE DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT. INLET DEPTH \_\_\_\_\_ FT.

EFFECTIVE GRAVEL DEPTH \_\_\_\_\_ FT. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ ONE SIDEWALL/BOTTOM AREA \_\_\_\_\_ SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE SYSTEM APPROVED 9/10/99 INSPECTOR B. Baker

# PERMIT

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~~XXXXXXXX~~ 410-313-2640

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ADDRESS \_\_\_\_\_

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NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

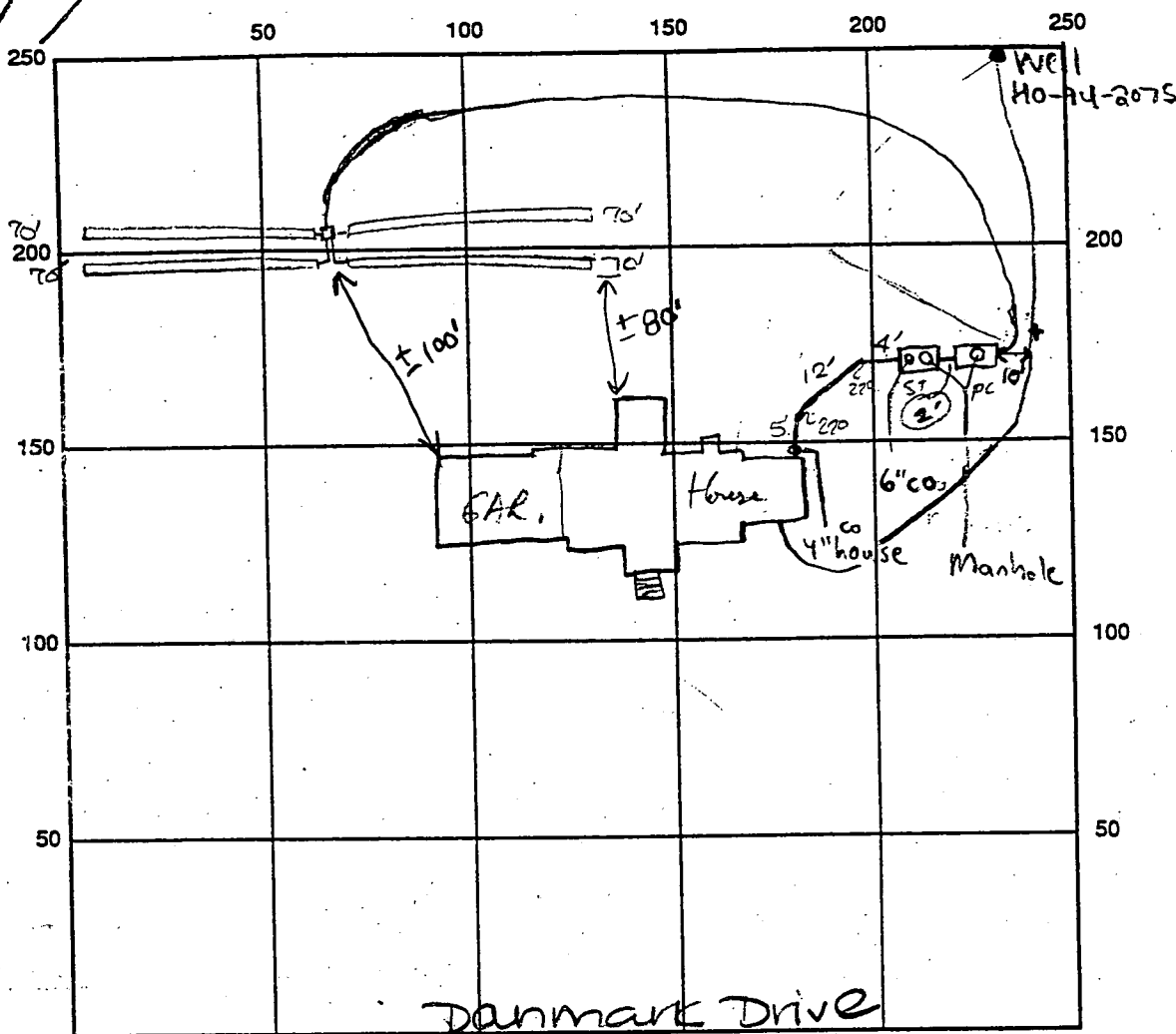
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**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

WPT  
8/11/99 (No permit)  
8/23/99 WPT  
called in 12:45  
called in 4:45  
called in 5:15  
to site on Fri

Choi Property Lot 25  
 8/19/99  
 WPI  
 PM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Pump Chamber 1250 gal Top Seamed (Single Chambered) @ House  
 SEPTIC TANK LEVEL 1250 gal Top Seamed by Babylon CLEANOUTS 6" @ Tank, Manhole on each tank

DISTRIBUTION BOX LEVEL \_\_\_\_\_

DRAIN FIELD/TITLE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 4x70 FT. →

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA \_\_\_\_\_ SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: Horse Connection OK. S.T. set + P.C. set, inlet & out seal on P.C. & S.T. are water tight (seal gaskets + lateral sealant all around lid base) OK to continue. 8/17/99  
 They'll call when ready for other inspection (Probably Not Wed)

8/18/99 P.M. OK to continue to install trenches. DKS

8/18/99 LATE OK to cover all trenches. DKS

8/30/99 - WPI OK met Installer at site who re-routed well line - SRW

8/19/99 WPI - Not ready @ 3:30 - call for pump tomorrow 9/10/99 Pump and alarm O.K. **B. Babier**  
 DATE SYSTEM APPROVED 9/10/99 INSPECTOR  
 Well line is said to be rerouted. **BR**

# APPLICATION

PERCOLATION TESTING

A 41988

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE 461-9933

DISTRICT 4TH

DATE March 10, 1988

*Low Hole Retest*

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ~~Sang Ho Company, Inc.~~ Ron & Nancy Nicola

ADDRESS 8102 Cooper Street, Alexandria, Va. 22309 PHONE (703) 239-7541

PROSPECTIVE BUYER Unknown

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Choi Property LOT NO. 25

ROAD AND DESCRIPTION North side of Burrowswood Rd., 1890' East of Hedges Road.  
(3317 DANMARK DRIVE)

TAX MAP 14 PARCEL # 106

SIZE OF LOT 3.00 Acre Minimum TYPE BLDG \_\_\_\_\_  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

~~PERMIT SIGNATURE~~  
RECEIVED 5-13-99  
Serial # 670117576  
S.P.O. - Y/B

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Dennis M. Bush  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

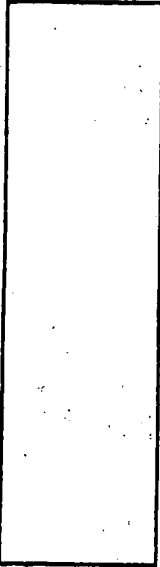
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 9/14/88 Perc O.K. Hold for Plat RH  
3/15/89 - wet season VISUAL HOLES O.K. BUT MAY BE  
NECESSARY TO CHANGE LOT LINES RH

HD-216

# THIS IS NOT A PERMIT

SOIL PROFILE

0' 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET |      | TEST - 1" DROP |      | TIME |
|------|----------|-------|---------|------|----------------|------|------|
|      |          |       | START   | STOP | START          | STOP |      |
|      |          |       |         |      |                |      |      |
|      |          |       |         |      |                |      |      |
|      |          |       |         |      |                |      |      |
|      |          |       |         |      |                |      |      |
|      |          |       |         |      |                |      |      |
|      |          |       |         |      |                |      |      |
|      |          |       |         |      |                |      |      |
|      |          |       |         |      |                |      |      |
|      |          |       |         |      |                |      |      |
|      |          |       |         |      |                |      |      |
|      |          |       |         |      |                |      |      |

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

# APPLICATION

PERCOLATION TESTING

A 41288

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE 461-9933

DISTRICT 4TH

DATE March 10, 1988

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ADDRESS 8106 Cooper Street, Alexandria, Va. 22309 PHONE (703) 239-7541

PROSPECTIVE BUYER Unknown

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PROPERTY LOCATION:

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ROAD AND DESCRIPTION North side of Burrowswood Rd., 1290' East of Hobbs Road.

TAX MAP 14 PARCEL # 106

SIZE OF LOT 3.00 Acre Minimum TYPE BLDG S.F.O.  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

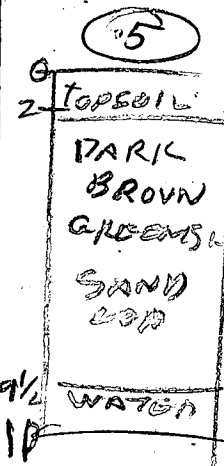
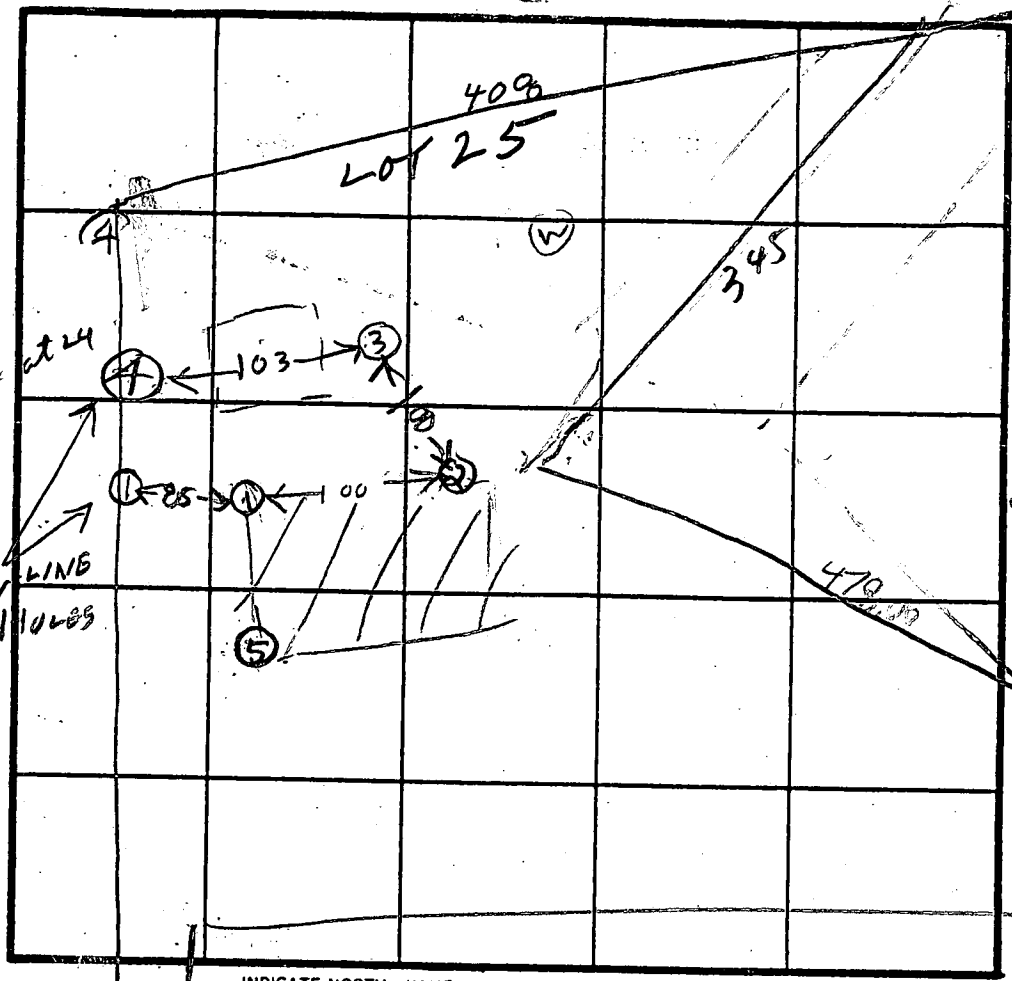
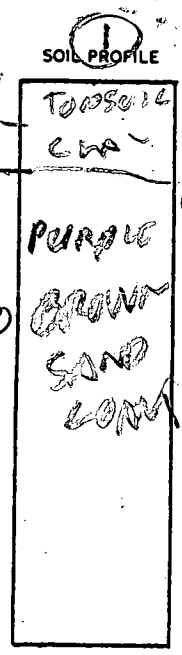
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

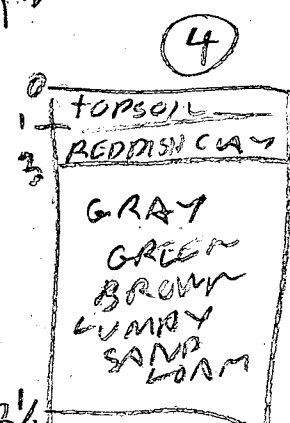
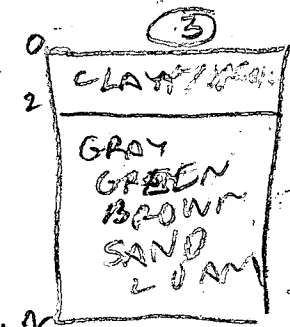
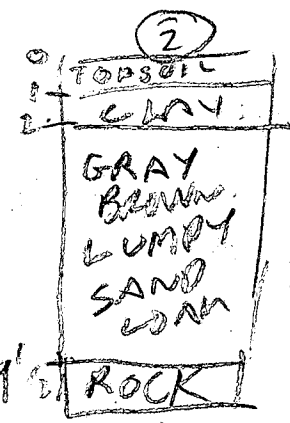
HD-216

# THIS IS NOT A PERMIT

Lot 25  
7/4/98



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

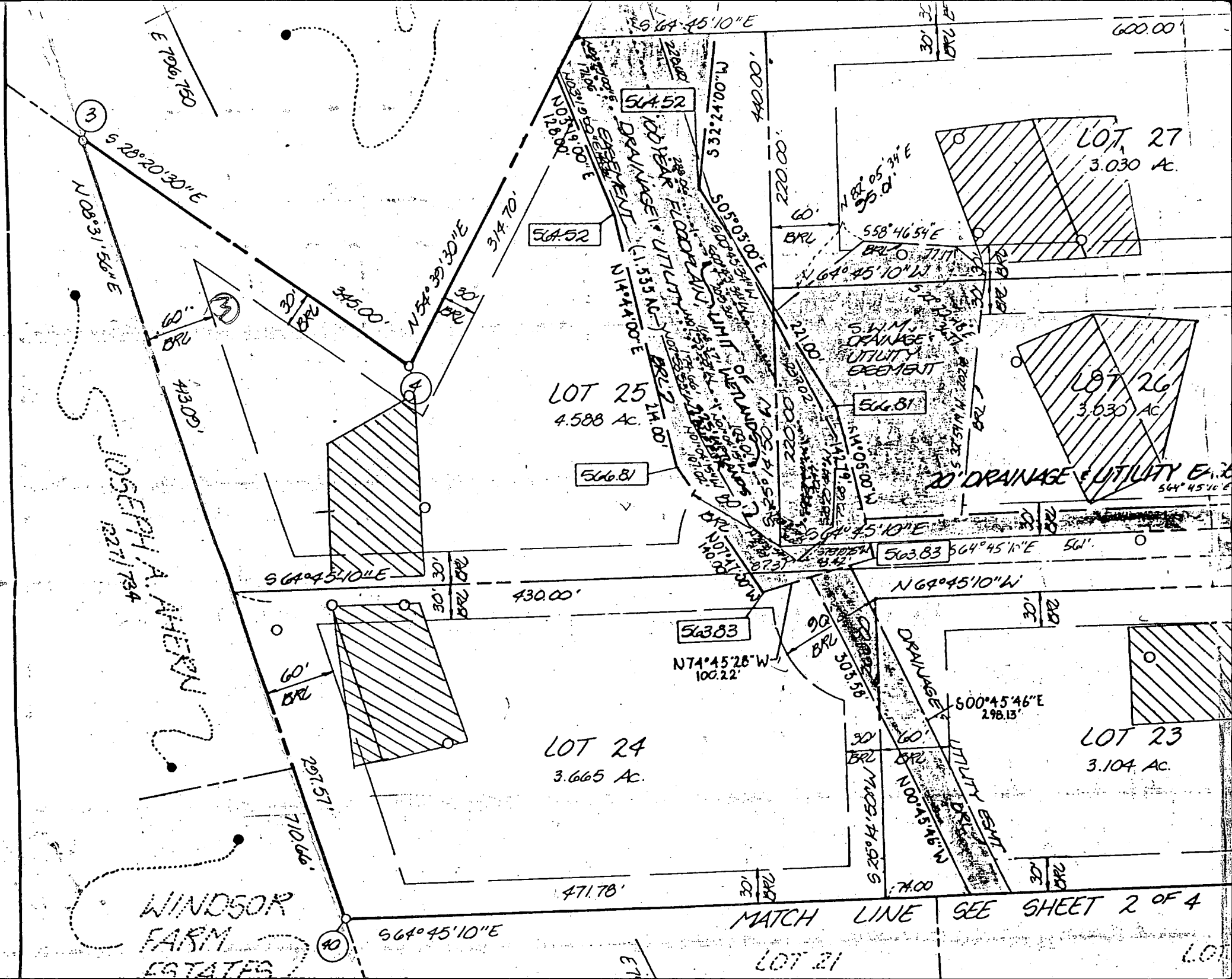


| DATE    | TEST NO.  | DEPTH | PRE-WET             |                | TEST - 1" DROP   |      | TIME |
|---------|-----------|-------|---------------------|----------------|------------------|------|------|
|         |           |       | START               | STOP           | START            | STOP |      |
| 9/11/88 | 1 S       | 4     | 132                 | 139            | 139              | 153  | 14   |
|         | 1 D       | 11    | OK                  |                |                  |      |      |
| 9/14/88 | 2 S       | 3.5   | 136                 | 139            | 138              | 143  | 5    |
|         | 2 D       | 6.5   | 136                 | 139            | 138              | 144  |      |
|         | 2 I       | 9.5   | OK                  | SHALLOW SYSTEM |                  |      |      |
|         | 3 S       | 3.5   | 148                 | 149            | 147              | 154  | 5    |
|         | 3 V       | 12    | OK                  |                |                  |      |      |
|         | 4 S       | 4     | 157                 | 158            | 158              | 160  |      |
|         | 4 V       | 12.5  | OK                  |                |                  |      |      |
|         | 5 I       | 10    | WATER               | 9/2            | WET SEASON       |      |      |
|         | 1 ON LINE | 12    | OK                  | ON LINE HOLE   | SEE LOT 24 SHEET |      |      |
| 5/1/89  | 5 V BEDUG | 8     | WATER               | 8 FT           | UNSAT            |      |      |
|         | 1 V BEDUG | 13    | WATER               | 13 FT          | WET SEASON       |      |      |
|         |           |       | HOLD TIL WET SEASON | Crack Wall     |                  |      |      |

7 8 MIN  
210#/BR  
IN LOT 25  
BOTTOM 4'  
SHALLOW SYSTEM  
POSSIBLE  
HOLD TO  
WET  
SEASON.

REMARKS: Holes 1, 2, 3, 4, 5 Dug Per Surveyor Plot Hole 3, 4 Different

TYPE OF SOIL: \_\_\_\_\_  
TESTED BY: R. HODGES  
ALSO PRESENT: SKIPPY WOODY OF FLYCK



E 70° 09' 15" 00"

600.00

S 28° 20' 30" E  
N 08° 31' 56" E

564.52

564.52

LOT 27  
3.030 AC.

30' BRU  
430.00'

30' BRU  
345.00'

N 54° 30' 30" E  
314.70'

LOT 25  
4.588 AC.

566.81

5.41 M. DRAINAGE & UTILITY EASEMENT

566.81

LOT 26  
3.030 AC.

20' DRAINAGE & UTILITY EASEMENT

JOSEPH A. AHERN  
12271734

S 64° 45' 10" E

430.00'

563.83

N 74° 45' 28" W  
100.22'

563.83

N 64° 45' 10" W

60' BRU

297.57'

LOT 24  
3.665 AC.

DRAINAGE & UTILITY EASEMENT

S 60° 45' 46" E  
298.13'

LOT 23  
3.104 AC.

WINDSOR FARM ESTATES

710.66'

471.76'

S 64° 45' 10" E

MATCH LINE SEE SHEET 2 OF 4

LOT 21

LOT 22

JOSEPH A. AHERN  
1887/1734

580

2608.67'

580

$N08^{\circ}31'56''E$

60' BRL

41987

41988

(4)

570

$N54^{\circ}39'30''E$

LOT 23  
10.84 AC

100 YR. FLOODPLAIN  
DRAINAGE & UTILITY  
EASEMENT

DRAINAGE & UTILITY EASEMENT

20' DRAINAGE & UTILITY EASEMENT

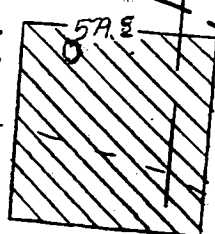
41989

LOT 24  
3.04 AC

41990

LOT 25  
3.0 AC

41986

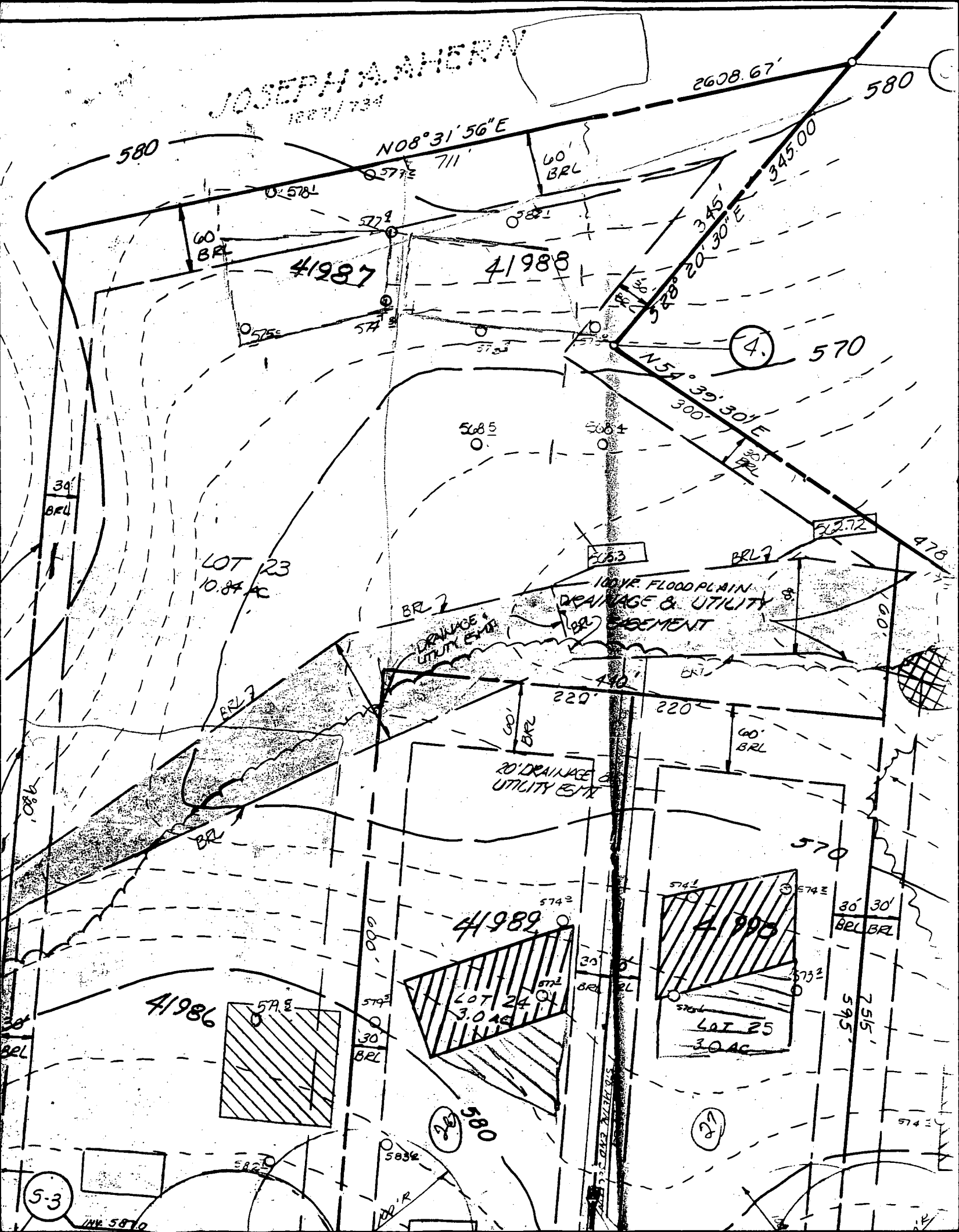


(28) 580

(27)

(5-3)

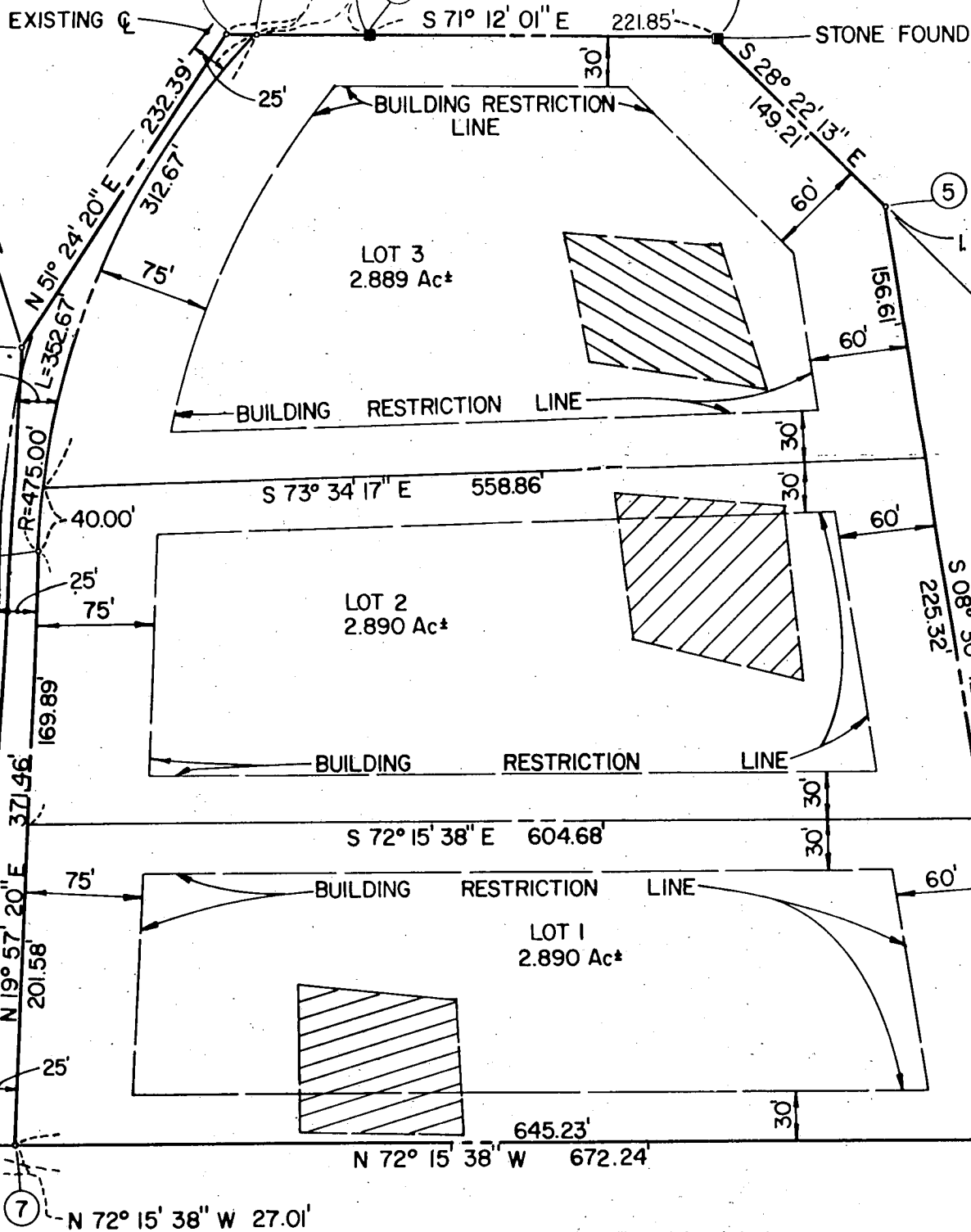
LINE 5870



AND DEDICATED TO  
COUNTY, MD. FOR THE  
OF A PUBLIC ROAD.

AREA = 0.332 Ac±

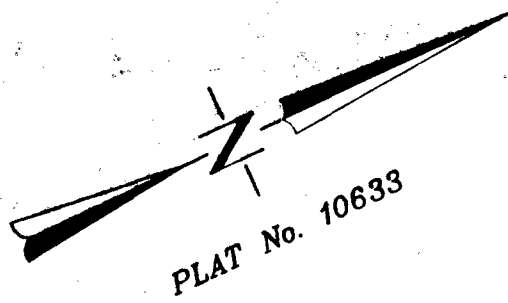
HOBBS  
ROAD



CH0125  
WEL  
LOC±

STANLEY E. SULLIVAN  
1042 / 180

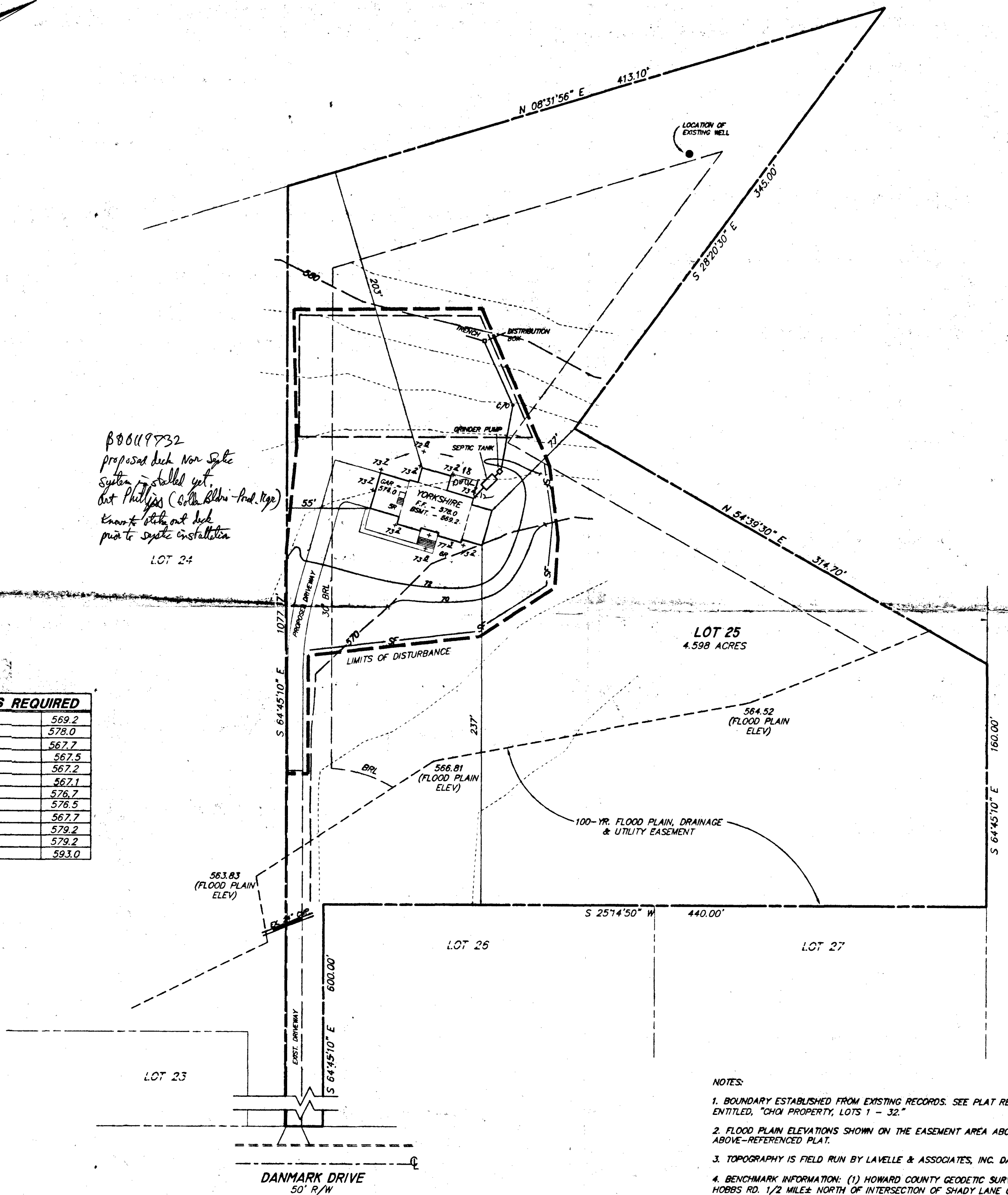
JAMES F. JACKSON  
222 / 337



PLAT No. 10633

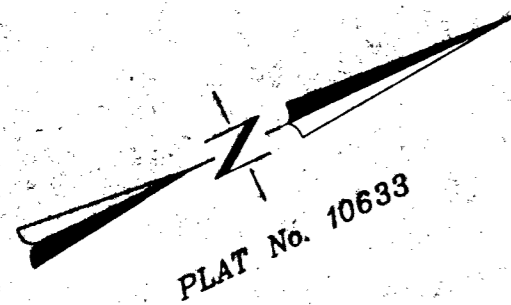
00019732  
 proposed deck over septic  
 system installed yet.  
 but Phillips (Golla Bldg Prod. type)  
 knows to take out deck  
 prior to septic installation  
 LOT 24

| SEPTIC ELEVATIONS REQUIRED |       |
|----------------------------|-------|
| BSMT ELEV.                 | 569.2 |
| FIRST FLOOR ELEV.          | 578.0 |
| INV. OUT OF HOUSE          | 567.7 |
| INV. INTO SEPTIC TANK      | 567.5 |
| INV. OUT OF TANK           | 567.2 |
| INV. IN PUMP               | 567.1 |
| INV. INTO DIST. BOX        | 576.7 |
| INV. INTO TRENCH           | 576.5 |
| EX. GRADE AT SEPTIC TANK   | 567.7 |
| EX. GRADE AT DIST. BOX     | 579.2 |
| EX. GRADE AT TRENCH        | 579.2 |
| ELEV. OF WELL AT GRADE     | 593.0 |



NOTES:

- BOUNDARY ESTABLISHED FROM EXISTING RECORDS. SEE PLAT RE ENTITLED, "CHOI PROPERTY, LOTS 1 - 32."
- FLOOD PLAIN ELEVATIONS SHOWN ON THE EASEMENT AREA ABOVE-REFERENCED PLAT.
- TOPOGRAPHY IS FIELD RUN BY LAVELLE & ASSOCIATES, INC. DA
- BENCHMARK INFORMATION: (1) HOWARD COUNTY GEODETIC SURV HOBBS RD. 1/2 MILE± NORTH OF INTERSECTION OF SHADY LANE L 612.843' NAD '83. (2) HOWARD COUNTY GEODETIC SURVEY MARKER SIDE OF THE INTERSECTION OF HOBBS RD. & GLENWOOD SPRING R.



Approved Septic System Plan  
Howard County Health Department

*Mark S. Riffe* 5/13/99  
Signature Date

Total linear feet of trench  
required 280 feet

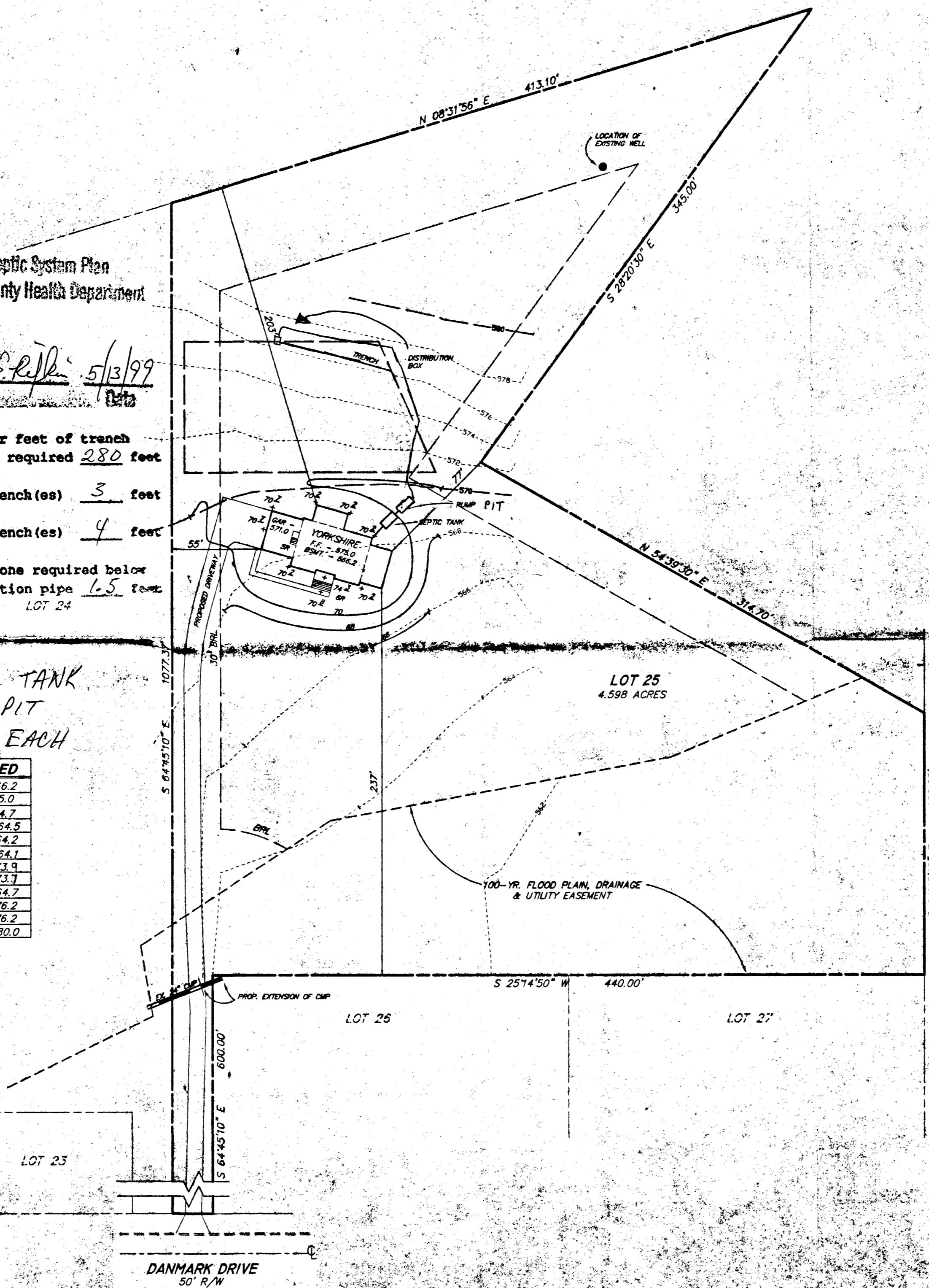
Width of trench(es) 3 feet

Depth of trench(es) 4 feet

Depth of stone required below  
distribution pipe 1.5 feet  
LOT 24

TOP-SEAMED SEPTIC TANK  
TOP-SEAMED PUMP PIT  
MANHOLE REQ'D AT EACH

| SEPTIC ELEVATIONS REQUIRED |       |
|----------------------------|-------|
| BSMT ELEV.                 | 566.2 |
| FIRST FLOOR ELEV.          | 575.0 |
| INV. OUT OF HOUSE          | 564.7 |
| INV. INTO SEPTIC TANK      | 564.5 |
| INV. OUT OF TANK           | 564.2 |
| INV. IN PUMP               | 564.1 |
| INV. INTO DIST. BOX        | 573.9 |
| INV. INTO TRENCH           | 573.7 |
| EX. GRADE AT SEPTIC TANK   | 564.7 |
| EX. GRADE AT DIST. BOX     | 576.2 |
| EX. GRADE AT TRENCH        | 576.2 |
| ELEV. OF WELL AT GRADE     | 580.0 |



DATE  
REVISIONS  
No.

**LAVELLE & ASSOCIATES  
INCORPORATED**  
ENGINEERS • PLANNERS • SURVEYORS  
338 EAST SECOND STREET • FREDERICK, MARYLAND 21701  
OFFICE • (301) 695-9722 • FAX (301) 695-9766

SITE PLAN  
LOT 25  
**CHOI PROPERTY**  
4th ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

DATE: APRIL, 1999  
SCALE: 1" = 50'  
PROJ. No. 99-052  
FILE: 199DWG  
DRAWN: RSL  
PAGE 1 OF 1

C1 **9896** SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A 41988**

ST/CO USE ONLY  
 DATE Received  
 MM DD YY  
 8 13

DATE WELL COMPLETED **2 16 99** Depth of Well **150**  
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
**HO 94-2075**  
 28 29 30 31 32 33 34 35 36 37

OWNER **Golden Builders, Inc.**  
 STREET OR RFD **Denmark Drive** TOWN **Glenwood**  
 SUBDIVISION **Onoi Property** SECTION **LOT 25**

**WELL LOG**  
 Not required for driven wells.

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

| DESCRIPTION (Use additional sheets if needed) | FEET |     | check if water bearing |
|---|------|-----|------------------------|
|   | FROM | TO  |                        |
| TOP SOIL                                      | 0    | 5   |                        |
| Brown Shell                                   | 6    | 16  |                        |
| MICA  |      |     |                        |
| SANDstone                                     | 17   | 150 |                        |
| Blue rock                                     |      |     |                        |
| Get water AT                                  |      |     | 70                     |

**GROUTING RECORD** yes no  
 Y  N  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS **7** NO. OF POUNDS **638**  
 GALLONS OF WATER **42**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **23** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
 MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **64"** Total depth of main casing (nearest foot) **25'**  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to  
 E A C H I N G

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 ST STEEL  BR BRASS  HO OPEN HOLE  PL PLASTIC  OT OTHER

**C 2** DEPTH (nearest ft.)

|   |    |    |    |    |    |    |
|---|----|----|----|----|----|----|
| 1 | 8  | 9  | 11 | 15 | 17 | 21 |
| 2 | 23 | 24 | 26 | 30 | 32 | 36 |
| 3 | 38 | 39 | 41 | 45 | 47 | 51 |

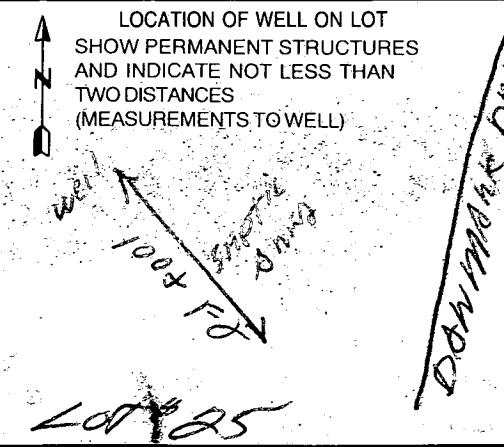
SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

**MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)**  
 T (E.R.O.S.) W Q  
 70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3** **PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 8 9  
 PUMPING RATE (gal. per min.) **15**  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE **Submersible**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **25** ft.  
 17 20  
 WHEN PUMPING **70** ft.  
 22 25  
 TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

**PUMP INSTALLED**  
 DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES  NO   
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
 TYPE OF PUMP INSTALLED \_\_\_\_\_  
 PLACE (A,C,J,P,R,S,T,O) IN BOX 29 \_\_\_\_\_  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 \_\_\_\_\_ 35  
 PUMP HORSE POWER 37 \_\_\_\_\_ 41  
 PUMP COLUMN LENGTH (nearest ft.) 43 \_\_\_\_\_ 47  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE  
 - below } **2** (nearest foot)  
 49 50 51



NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED  Y  N

CIRCLE APPROPRIATE LETTER  
**A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
**E** ELECTRIC LOG OBTAINED  
**P** TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. **MSD 143**  
**Perry Hardy**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. **D**

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 312-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3500

**HOWARD COUNTY**  
**PERMIT APPLICATION**

PERMIT NUMBER

B00117576

Building Address 3300 DANMARK DR  
GLENNWOOD MD 21738  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6040 Subdivision CHW PROPERTY  
Section \_\_\_\_\_ Area N/A Lot 25  
Tax Map 14 Parcel 106 Grid 24  
Zoning RR-05 Map Coordinates 90° 5' Lot size 4.58 ACRES

Property Owner's Name Ron & Nancy Nicola  
Address 3249 HARP RD  
City GLENNWOOD State MD Zip Code 21738  
Home Phone 703-442-1794 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use VACANT LOT  
Proposed Use SINGLE FAMILY DWELLING  
Estimated Construction Cost \$ 200,000  
Description of Work 2 STORY CHALK 4 1/2" 3 1/2" FULL BRICK  
10X12 FINISHED FRONT PORCH ROOM LINEN CLO  
2 CAR 5 BAY FRONT ATTACHED GARAGE

Contractor Company GOLDEN BUILDERS INC.  
Contact Person ART PHILLIPS  
Address 7100 BALTIMORE AVE SUITE 402  
City COLLEGE PARK State MD Zip Code 20740  
License No. BC-0424  
Phone 301-277-2454 Fax 301-774-4076

Occupant or Tenant SPARE BRICKS  
Contact Name MR & MRS NICOLA  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company LAVERIE & ASSOC.  
Contact Person DAN LAVERIE  
Address 336 EAST SECOND ST  
City FREDERICK State MD Zip Code 21701  
Phone 301-695-7722 Fax 301-695-7766

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

| Building Characteristics   | Utilities   |
|--|---|
| Height: _____  | Water Supply:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private   |
| No. of stories: _____  | Sewage Disposal:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private  |
| Gross area, sq. ft. per floor: _____   | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                                 |
| Use group: _____   | Heating System:<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
| Construction type:<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Wood Frame<br><input type="checkbox"/> State Certified Modular | Sprinkler system: <u>N/A</u> <input type="checkbox"/><br>Full _____<br>Partial _____<br>Other Suppression _____<br># of Heads _____                               |

| Building Characteristics  | Utilities   |
|---|---|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/><br>1st floor: <u>Depth</u> <u>Width</u><br>2nd floor: <u>9</u> <u>11</u><br>Basement: <u>18</u> <u>18</u><br>Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/><br>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/><br>No. of Bedrooms: <u>4</u><br>Multi-family dwellings:<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____<br>Other Structure: _____<br>Dimensions: _____<br>Footings: _____<br>Roof: _____<br>State Certified Modular _____<br>Manufactured Home _____ | Water Supply:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private<br>Sewage Disposal:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private<br>Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/><br>Heating System:<br>Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/><br>Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/><br>NFPA #13D _____<br>NFPA #13R _____<br>Other: _____ |

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREON; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Art Phillips  
Title/Company Golden Builders Inc.

Print Name Art Phillips  
Date 4/28/99

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

**FOR OFFICE USE ONLY**

| AGENCY   | DATE           | SIGNATURE APPROVAL     | DEP. SETBACK INFORMATION   | PROPERTY ID#  |
|--|----------------|------------------------|--|---|
| Land Development/DPZ   |                |                        | Front: _____<br>Rear: _____<br>Side: _____<br>Side Set: _____<br>All minimum setbacks met?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | 10859   |
| State Highways   |                |                        | Is Entrance Permit required?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | Filing fee \$ _____<br>Permit fee \$ _____<br>Excise tax \$ _____<br>Sub-total paid \$ _____<br>Add'l permit fee \$ _____<br>TOTAL FEES \$ _____<br>Balance due \$ _____<br>Check # _____<br>Validation # _____ |
| Planning Official  |                |                        | Historic District?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |   |
| Dev. Engineering/DEP   |                |                        | Lot Coverage for New Town Zone _____<br>SDP/Red-line approval date _____   |   |
| Health   | <u>5/13/99</u> | <u>Mark S. Lippert</u> | Accepted by _____  |   |
| Fire Protection  |                |                        |  |   |
| Is Sediment Control approval required prior to issuance?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                |                        |  |   |
| CONTINGENCY CONSTRUCTION START <input type="checkbox"/>  |                |                        |  |   |
| ONE STOP SHOP <input type="checkbox"/>   |                |                        |  |   |
| Distribution of Copies: White: Building Official   |                |                        |  |   |
| Green: LDD, DPZ  |                |                        |  |   |
| Yellow: DRD, DEP   |                |                        |  |   |
| Pink: Health   |                |                        |  |   |
| Gold: SHA  |                |                        |  |   |

B 1 6424

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-2075  
fill in this form completely

please print or type

Date Received (APA)

01/20/99

OWNER INFORMATION

Golden Builders INC  
Last Name Owner First Name  
7100 Baltimore Ave Suite 402  
Street or RFD  
College Park MD 20740  
Town State Zip

B 3 LOCATION OF WELL

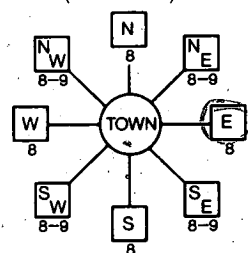
HOWARD COUNTY  
CHOI Property SUBDIVISION  
Glenwood NEAREST TOWN  
SECTION 25 LOT 25

MILES FROM TOWN (enter 0 if in town) 3 M I

DRILLER INFORMATION

Ferry HARLEY MS D 143  
Driller's Name License No.  
HARLEY DRILLING & PUMP SYSTEMS  
Firm Name  
Box 160 Walkersville, MD  
Address  
Ferry Harley 1-15-99  
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



BURNT WOODS RD  
DANMARK DRIVE  
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
700  
DISTANCE FROM ROAD  
ENTER FT OR MI FT

TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION  
APPROX. PUMPING RATE 3  
(GAL. PER MIN.)  
AVERAGE DAILY QUANTITY NEEDED 600  
(GAL. PER DAY)

- USE FOR WATER (CIRCLE APPROPRIATE BOX)
- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
  - FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
  - INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
  - PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
  - TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

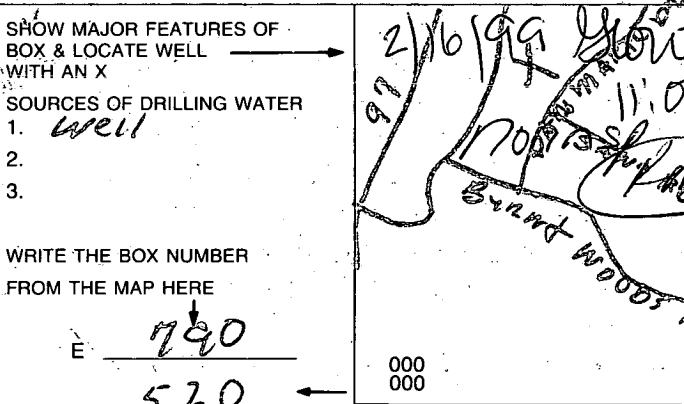
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME  
B 41988 COUNTY NO.  
STATE SIGNATURE  
DATE ISSUED 2/5/99  
CO SIGNATURE Douglas EXP. DATE 2/4/00  
NORTH GRID 530 000 EAST GRID 0797 000

APPROXIMATE DEPTH OF WELL 200 FEET  
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVerse-ROTary  DRive-POINT  
other



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54 G A P 63  
FORCE DS WRITE INITIALS IN BOX PERMIT No. HO-94-2075

SPECIAL CONDITIONS  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

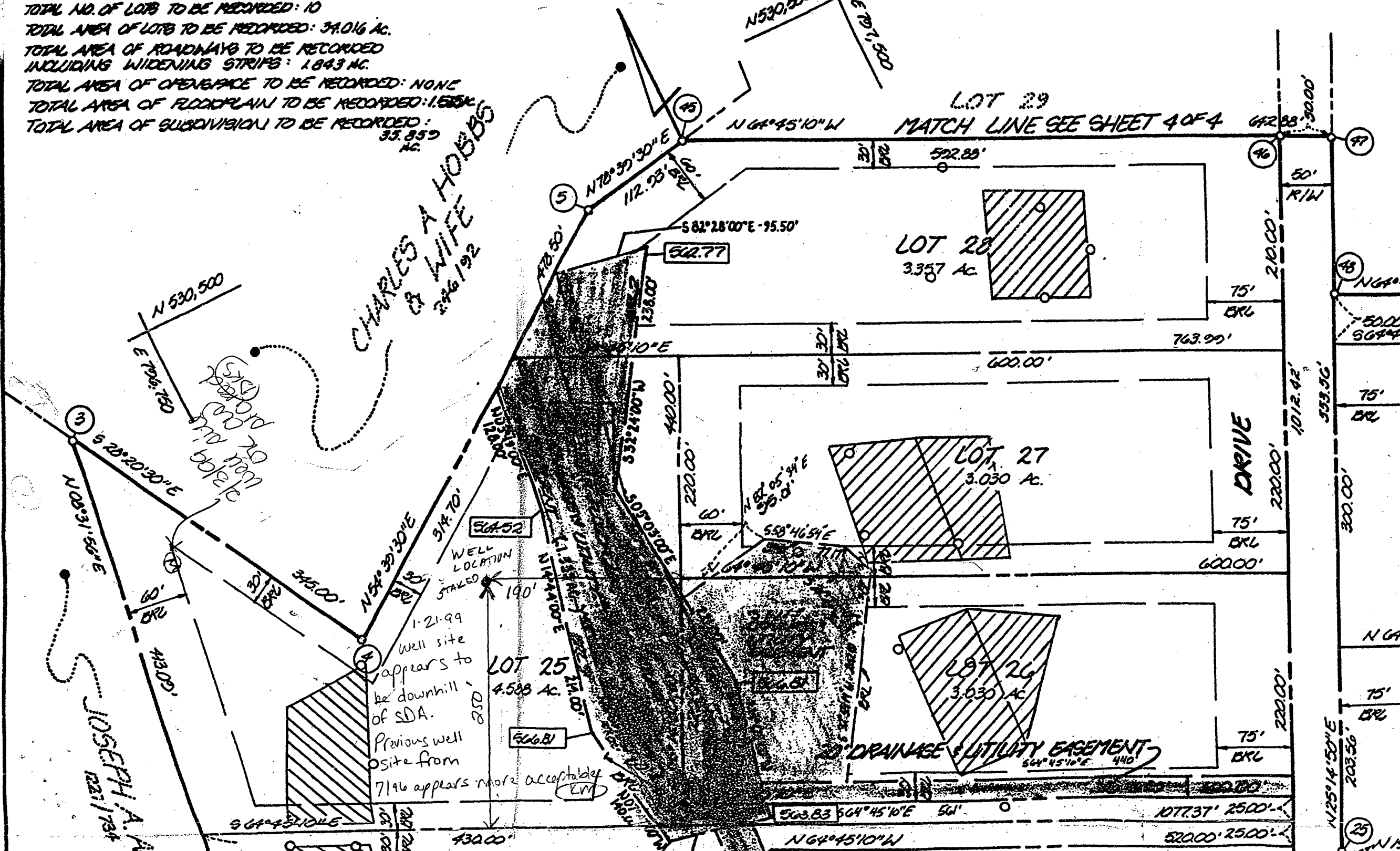
TOTAL NO. OF LOTS TO BE RECORDED: 10  
 TOTAL AREA OF LOTS TO BE RECORDED: 34.016 AC.  
 TOTAL AREA OF ROADWAYS TO BE RECORDED INCLUDING WIDENING STRIPS: 1.843 AC.  
 TOTAL AREA OF OPENSPACE TO BE RECORDED: NONE  
 TOTAL AREA OF FLOODPLAIN TO BE RECORDED: 1.554 AC.  
 TOTAL AREA OF SUBDIVISION TO BE RECORDED: 35.859 AC.

*CHARLES A HOBBS  
 & WIFE  
 7/26/92*

*NO DRILLING TO BE DONE FROM HERE TO COMPLETE*

*JOSEPH A.  
 12/1/94*

WELL LOCATION STAKED  
 1-21-99 Well site appears to be downhill of SDA. Previous well site from 7196 appears more acceptable.



20' DRAINAGE & UTILITY EASEMENT

25

8/30/99  
PM

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043

~~401-9999~~  
313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # \_\_\_\_\_  
Date 8-31-99

Name of Installer Perry Harley

Telephone 301-898-1068

License Number MSD 143

Certified Well Pump Installer \_\_\_\_\_ Well Driller  Registered Plumber \_\_\_\_\_

Name of Property Owner Golden Builders

Telephone 410-543-4966

Subdivision CHOI properties Lot # 25

Well Tag # HO-94-2075

Site Address DAN MARK DRIVE

Pump

- 1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible
- 2. Make Water Ace
- 3. Model # Submersible
- 4. Capacity 10 GPM
- 5. Pump exceeds well capacity Yes \_\_\_\_\_ No
- 6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards \_\_\_\_\_ Other

Motor

- 1. Horsepower 1/2
- 2. RPM 3450
- 3. Voltage 6
  - a. 110 \_\_\_\_\_
  - b. 220

Pitless Adapter

- 1. Make MARTINSON
- 2. Model # B-10X BRASS
- 3. Depth 125"

Tank

- 1. Capacity 40901
- 2. Pressure relief valve?

Piping

- 1. Type 160 1" galv
- 2. Size 1"
- 3. NSF and/or BOCA Code approved
- 4. Depth of supply line 125

Well data

- 1. Depth 150 ft.
- 2. Yield 15 GPM
- 3. Static water level \_\_\_\_\_ ft.
- 4. Will water supply be disinfected by installer? YES

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

8/30/99-WPION-SRK Signature of Applicant: Perry Harley

Date: 8-31-99

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3430 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
 AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

**B 00119732**

Building Address **3300 DANMARK DR**  
**61710 210 21738**

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision **Choi Property**

Section **110** Area **110** Lot **25**

Tax Map **19** Parcel **110** Grid **24**

Zoning **RR-DEO** Map Coordinates \_\_\_\_\_ Lot size **4,000 SQ FT**

Existing Use **SFD**

Proposed Use **ADD 12X18 DECK**

Estimated Construction Cost \$ **3,500**

Description of Work **ADD 12X18 DECK TO GRADER**

**18 X 12 SLIP**

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone **410 422 1797** Fax \_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Address **3300 DANMARK DR**

City **GREENSBORO** State **MD** Zip Code **21738**

Home Phone **410 422 1797** Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company **CONSTRUCTION**

Contact Person **ART**

Address **7100 EASTMAN AVE SUITE 400**

City **MILLERSVILLE** State **MD** Zip Code **21778**

License No. **RC 000001**

Phone **301 285 1700** Fax **301 285 1701**

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics   | Utilities  |
|--|--|
| Height: _____  | Water Supply:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private   |
| No. of stories: _____  | Sewage Disposal:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private  |
| Gross area, sq. ft. per floor: _____   | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Use group: _____   | Heating System:<br><input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/><br><input type="checkbox"/> Natural Gas <input type="checkbox"/><br><input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Construction type:<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Wood Frame<br><input type="checkbox"/> State Certified Modular | Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/><br><input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Other Suppression<br><input type="checkbox"/> # of Heads _____      |

| Building Characteristics  | Utilities  |
|---|--|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth _____ Width _____  | Water Supply:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private   |
| 1st floor: _____  | Sewage Disposal:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private   |
| 2nd floor: _____  | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Basement: _____   | Heating System:<br><input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/><br><input type="checkbox"/> Natural Gas <input type="checkbox"/><br><input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/><br>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/><br>No. of Bedrooms _____ | Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/><br><input type="checkbox"/> NFPA #13D<br><input type="checkbox"/> NFPA #13R<br><input type="checkbox"/> Other: _____   |
| Multi-family dwellings:<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____   |  |
| Other Structure: _____<br>Dimensions: _____<br>Footings: _____<br>Roof: _____   |  |
| <input type="checkbox"/> State Certified Modular<br><input type="checkbox"/> Manufactured Home  |  |

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature \_\_\_\_\_  
 Title/Company \_\_\_\_\_

Print Name \_\_\_\_\_  
 Date \_\_\_\_\_

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

| AGENCY               | DATE          | SIGNATURE APPROVAL |
|----------------------|---------------|--------------------|
| Land Development DPZ |               |                    |
| State Highways       |               |                    |
| Building Official    |               |                    |
| Dev. Engineering DPZ |               |                    |
| Health               | <b>8/9/99</b> | <i>[Signature]</i> |
| Fire Protection      |               |                    |

| DPZ SETBACK INFORMATION  |
|--|
| Front: _____   |
| Rear: _____  |
| Side: _____  |
| Side St.: _____  |
| All minimum setbacks met?<br><input type="checkbox"/> YES <input type="checkbox"/> NO    |
| Is Entrance Permit required?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| Historic District?<br><input type="checkbox"/> YES <input type="checkbox"/> NO           |
| Lot Coverage for New Town Zone _____   |
| SDP/Red-line approval date _____   |

| PROPERTY ID#     | AMOUNT        |
|------------------|---------------|
| <b>40859</b>     |               |
| Filing fee       | \$ _____      |
| Permit fee       | \$ <b>750</b> |
| Excise tax       | \$ _____      |
| Sub-total paid   | \$ _____      |
| Add'l permit fee | \$ _____      |
| TOTAL FEES       | \$ <b>750</b> |
| Balance due      | \$ _____      |
| Check            | # <b>1746</b> |
| Validation       | # _____       |

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

Accepted by \_\_\_\_\_

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA